

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-004193

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1218

STATE FILE NUMBER

VS 300
Rev. 4/59

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24039-3

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1218

STATE FILE NUMBER

FILED FEB 8 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. LouisLength of stay in lb
D.O.A.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION De Paul HospitalInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis,c. CITY OR TOWN St. Johns Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
3575 Boswell Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Edward

G.

Tecklenburg, Jr.

4. DATE OF DEATH

Month

Day

Year

February 2, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11-29-1918

9. AGE (last birthday)

44

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Tool & Die Maker

10b. KIND OF BUSINESS OR INDUSTRY

Emerson Electric Co.

11. BIRTHPLACE (City and state or country)

St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Edward G. Tecklenburg, Sr.

13b. MOTHER'S MAIDEN NAME

Hilda Sittner

14. NAME OF HUSBAND OR WIFE

Eleanora Tecklenburg

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
yes, W.W.#2

16. SOCIAL SECURITY NO.

17. INFORMANT

Eleanora Tecklenburg 3575 Boswell

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH

1 hr.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Myocardial Ischemia

DUE TO (c)

420.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Death occurred at

July 7, 1959 to Feb 2, 1963 and last saw him alive on 1-17-63
9:00 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Herman J. Klocner M.D.

22b. ADDRESS

9616 Rockland Rd.

22c. DATE SIGNED

2-4-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

Feb. 5, 1963

23c. NAME OF CEMETERY OR CREMATORY

St. Peter's Cemetery

23d. LOCATION (City, town, or county)

St. Louis County, Missouri

24. FUNERAL DIRECTOR

ADDRESS

CALVIN F. FEUTZ, 4828 Natural Bridge Blvd.

25. DATE RECD. BY LOCAL REG.

FEB 5 1963

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

Dr. Kloecker
9616 Lackland Road
HA 7-1855

after 1 PM Mon

HOURS:

CITY

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John A. Miller

Licensed Embalmer No. 4186

P. O. Address

St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.